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Executive Director

Transparency and Communication Committee

Meeting Minutes

Wednesday July 2, 2008
3:00 – 5:00 p.m.
One Ashburton Place, 21st Floor
Boston, MA

Council Members Present: David Friedman (Chair), Kevin Beagan, JudyAnn Bigby, Beth Capstick, Katharine London, Dolores Mitchell, Quentin Palfrey, and Anya Rader Wallack.

Meeting called to order at 3:15pm

I. Items for Discussion

A. Analysis and display of variation in quality measures across hospitals
John Freedman, M.D., Clinical Consultant to the Council

- At the last Council meeting, John Freedman, the Council's Clinical Consultant, presented recommendations for data display related to variability in measured quality. The Council discussed the justification of a summary rating utilizing a four star (15/50/85 percent) scale with great variability across different procedures. Dr. Freedman was asked to present to Communications and Transparency Committee other options for summarizing data for the members to consider.

- Per the Council's request, Dr. Freedman presented six options for displaying summarized data that balances the need for an accurate representation while providing the data in a consumer-friendly format by considering consumer ease of use/understanding, technical precision, and difficulty to perform.

Display Options

1. Stars by Percentile Group ($15^{th}/50^{th}/85^{th}$) – Current working version
2. Stars by Score Group
3. Stars by Confidence Interval
4. Stars by National Benchmarks
5. No stars: List in Rank Order
6. No stars: Display Confidence Interval

In considering the six options, several thoughts emerged from the Committee's discussion.

- The current percentile group version using the four stars ($15^{th}/50^{th}/85^{th}$ percentile group) may distinguish among hospitals when the difference in scores may not be statistically significant but rather a function of assigning starts to percentage groups.
- JudyAnn Bigby warned against sending a message of distinctions between scores and hospitals when there may not be a statistical significance and suggested the adoption of a three-star rating rather than the current four-star rating.

- Kevin Beagan added that consumers are more likely to understand a categorization of low, medium, high as opposed to low, low-medium, high-medium, and high.

- In considering classification by score group or confidence interval (#2 or #3) Dr. Freedman discussed the similarities between the two categories, and the mathematical rule for determining the methodology. For instance, a confidence interval of 95% is typically utilized. This leads to 2.5% of hospitals "below average", 95% "average", and 2.5% "above average."

- Kevin Beagan suggested that other confidence intervals also be considered such as 68% (one standard deviation).

- Anya Rader Wallack expressed more comfort with the confidence interval method.

- Committee members suggested employing national benchmarks in addition to the scoring methodology chosen. National benchmarks are only available for a few of the Council's quality measures.
  - Consumers may not be interested in how a local hospital compares in quality measures to other hospitals such as the Mayo Clinic or University of California San Francisco.
  - Hospitals, however, may be interested in the comparisons to these benchmarks and may be a driving force for behavior changes.

- The Committee requested that Dr. Freedman present examples at the next Council meeting, summary data by percentile group to compare with summary data by confidence interval.

B. <u>Collection of patient race and ethnicity data</u>

- Regulation 129 CMR 2.00 - Uniform Reporting System for Health Care Claims Data Sets directs the Council to approve and publish a statistical plan that requires carriers to begin reporting patient race and ethnicity data by July 1, 2008.

- Katharine London also introduced Kalahn Taylor-Clark from the Brookings Institute, who spoke to the meeting by phone. Ms. Taylor-Clark described the Brookings proposal to work with Massachusetts to develop best practices for health plans to collect health race and ethnicity data in the Commonwealth. The initiative, part of the High-Value Health Care Project is funded by the Robert Wood Johnson Foundation. The proposal is to spend a six months engaging the current state health plans, developing a working group, developing training modules for best practices, and developing standards for reporting.

- Katharine recommended that the Council delay the requirement for health plans to begin reporting patient race and ethnicity data to the Council until July 1, 2009in order to benefit

from this opportunity for the Commonwealth to develop a model for data collection for the country.

- JudyAnn Bigby responded by acknowledging the great opportunity to collaborate with the Brookings Institute in fulfilling the collection of racial and ethnic data by carriers in the state. Secretary Bigby stipulated, however, that some ground rules should be clearly set before the Council approves this proposal. Secretary Bigby pointed out that there has been a lot of work in Massachusetts on standardization of data collection so any effort from this initiative should work to be aligned with progress made in the state as it exists.

- The Massachusetts Association of Health Plans, which had previously submitted a proposal for collecting and reporting patient race and ethnicity data, expressed a commitment toward working to collaboratively on this project. Blue Cross Blue Shield of Massachusetts expressed support for this initiative and noted that this should not be seen as a delay because BCBSMA will continue to collect data. BCBSMA viewed this project as a great opportunity for coordination.

- The Committee approved a motion to recommend approval of the Brookings Institute project to the full Council.

C. <u>Follow up from Council Retreat</u>

- The Committee engaged in a discussion about efforts toward communicating the message of the Council's goals to the greater public. David Friedman raised the question of the Advisory Committee's role in the Council's communication plan. The Massachusetts Association of Health Plans, a member of the Advisory Committee, responded by explaining that while no formal publications or communications are sent by MAHP, the Council's goals and updates are shared during meetings. In addition, MAHP noted that a template or description of goals from the Council would be helpful in an effort to spread the message. Beth Capstick also noted that the Council needs more effort in getting links to the annual report and website spread to be more available to the public.

- When discussing the effectiveness of communicating the message and goals of the Council, the Massachusetts Hospital Association explained that more frequent less eventful messages will be better communicated compared to one big event to communicate all of the messages. Katharine assured the Committee that staff resources will be dedicated to working on drafting materials and the communication plan in the fall. Katharine also reminded the Committee that the Council has committed to build a roadmap for health care cost containment in the Commonwealth and a communication plan that includes work with Solomon McCown will help coordinate communications to the greater public. A budget proposal for Solomon McCown will be brought to the full Council at the next meeting.

Meeting Adjourned at 5:03pm